LOBBYIST ANNUAL REPORT FORM



State of Idaho

Secretary of State

Phone: (208) 334-2852 Fax: (208) 334-2282

To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619)

200 JRH 29 MH 8: 56

(Type or print clearly) JIAIE See instructions at bottom of page Lobbyist's name and permanent business address Period covered year ending Eileen M. Sullivan 521 N. Ainsworth Ave (Day) (Yr.) (Mo.) Tacoma, WA 98403 31 03 12 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure Total Item 3, at bottom of page.) Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Expenditure Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 3 Employer No. 4 Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone Office Expenses Other Expenses or Services Total The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office. Item 2 Names of Legislators & Public Officials in Group Date Place Amount NA Continued on attached page(s) Item **INSTRUCTIONS** Employer(s) Name(s) and Address(es) Hoffmano LaRoche Who should file this form: Any lobbyist registered under Section No. 1 340 Kingsland Street Mutley, New Jexsey 07/10 67-6617 Idaho Code Filing deadline: Annual report is due on January 31st. No. 2 TO BE FILED WITH: Ben Ysursa Secretary of State No. 3 PO Box 83720 Boise, ID 83720-0080

No. 4

Item 4			ist or by the lobbyist's ensor, or for or on behalf of a	obbyist's employer in the nature of contributions of money or other tangible or intangible behalf of any legislator.			
	Date	Amount		Name of Legislator Receiving or Benefited			
Item 5 Subject (from	Subject matter or House Bill, the Lobbyist w table) FICATION: I her	of proposed legislation Resolution or other legislation or Other ive Ident. Number	n, the number of the Senate gislative activity in which osing. Appropriation Bill Number and Section Number	any legislator.	or Bene	fited	
Employ	er No. 2 signature		1/19/04/ Date Date		31	Other (please specify)	
	er No. 3 signature		Date				
Employ	er No. 4 signature		Date				